

PASSPORT and Emergency Department Questions and Answers

Q1. Is PASSPORT authorization required in the ER?

- A.** No. PASSPORT authorization has never been required for emergency services. Emergency services are:
- Medical screening examination to determine if an emergency medical condition exists. If a person comes to the emergency room seeking emergency medical services, this screening examination is performed to determine if an emergency exists.
 - If an emergency medical condition DOES indeed exist, emergency medical services are those services required to treat and stabilize the emergency medical condition.

Q2. Then how does my emergency room claim get paid?

- A.** Claims with a procedure code of 99284 or 99285 on the ED revenue code line, or with an admitting, primary or secondary diagnosis on the pre-approved emergency list will be paid at the appropriate APC level for prospective payment hospitals (along with any lab, imaging and diagnostic services that are not bundled) and will pay hospital specific outpatient cost-to-charge ratio for CAHs and Exempt Hospitals. If the appropriate procedure code is not present and the admitting, primary or secondary diagnosis is not on the list the claim will be paid a screening and evaluation fee that is subject to cost share. If the diagnosis is not on the pre-approved list, but the medical professional rendering the evaluation believes it is an emergency, the claim and documentation supporting the emergent nature of the service can be sent in for reimbursement as an emergency.

Q3. Doesn't this go against the EMTALA regulations?

- A.** No. Federal regulations require that we pay for medical screening examinations if a prudent layperson would believe an emergency exists. We pay for a screening examination for all Medicaid clients who go to the emergency room seeking emergency services. Federal regulations also require that we pay for emergency medical treatment. If an emergency exists (either the required procedure code is present, the diagnosis is on the pre-approved list or the provider has mailed substantiating documentation in for review) we pay for all emergency medical treatment.

- Q4.** Sometimes I have to do diagnostic tests to determine if an emergency exists. How do I get these tests paid?
- A.** If it was a medical emergency all Medicaid covered services are paid. If it was not a medical emergency, Medicaid will pay the hospital a screening fee. Some of the diagnostic services are bundled into that fee. In addition, the professional component is billable separately. Lab, imaging and other diagnostics that are not bundled into the APC for the visit itself are paid systematically on all ER visits, including those for which only a screening fee is paid.
- Q5.** There's all this talk about emergencies – what about Urgent Care?
- A.** PASSPORT authorization is required in urgent care settings. Urgent Care clinics are treated by Medicaid the same as any physician office.
- Q6.** I'm a provider based urgent care. EMTALA requires that I treat clients the same as an emergency room. Aren't you in violation of EMTALA?
- A.** No. Federal regulations do not require we pay for urgent care without provider authorization. EMTALA requires provider based urgent care clinics, where the public would believe emergency services are provided, must conduct a medical screening examination on anyone coming to the clinic seeking emergency services. If a client comes to the Urgent Care clinic seeking emergency services rather than urgent services, the provider can mail in the claim and documentation supporting the emergency for review and possible reimbursement of a screening fee or an emergency service.
- Q7.** How do I bill for an urgent care visit?
- A.** If you are a stand-alone clinic you bill on the CMS 1500 the same as you normally would. If you are a provider based urgent care, you bill the facility portion on the UB-92 and the professional component on the 1500. All Medicaid rules, including PASSPORT prior authorization, apply in the urgent care setting. The professional component of the provider based urgent care should make sure they bill with place of service 22.

Q8. Why isn't any of this the patient's responsibility? If patients come to the emergency room we have to see them. So why are we being punished by not getting paid?

A. Federal regulations do not allow us to sanction clients in any way. The best way to effect a behavior change on clients who seek routine treatment in the emergency room is to not provide it. A client without an emergency medical condition should be either offered the opportunity to continue with treatment in the ER at their own expense or should be sent home and told to contact his/her medical provider the next business day. If this happens consistently the client will learn that routine services are not available in the emergency room. EMTALA governs that if a client comes to the emergency room seeking emergency medical services an "appropriate medical screening examination sufficient to determine whether he or she has an emergency medical condition" must be performed. We do reimburse for a medical screening examination.

Q9. What is the "60-minute rule"?

A. If a PASSPORT client DOES have an emergency medical condition stabilization treatment must be rendered. If an inpatient hospitalization is recommended as POST stabilization treatment, the hospital must call the PCP and attempt to obtain the referral. If the hospital attempts to reach the PCP, and the PCP does not respond within 60 minutes, the inpatient stay will be reimbursed. In order to receive reimbursement documentation must be sent to the Department for review. The documentation must include the time an attempt was made to reach the PCP and the time the inpatient hospitalization began. There must be 60 minutes time lapse between these 2 events.